

North Carolina Department of Health and Human Services
Division of Public Health • Epidemiology Section
Communicable Disease Branch

**ATTENTION HEALTH CARE PROVIDERS:**

Please report relevant clinical findings about this disease event to the local health department.

FOODBORNE POISONING: SCOMBROID FISH
Confidential Communicable Disease Report—Part 2
NC DISEASE CODE: 132

REMINDER to Local Health Department staff: If sending this form to the Health Care Provider, remember to attach a cover letter from your agency indicating the part(s) of the form the provider should complete.

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy) / /	SSN
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**NC EDSS
LAB RESULTS**

Verify if lab results for this event are in NC EDSS. If not present, enter results.

Specimen Date	Specimen #	Specimen Source	Type of Test	Test Result(s)	Description (comments)	Result Date	Lab Name—City/State
/ /						/ /	
/ /						/ /	
/ /						/ /	



**NC EDSS PART 2 WIZARD
COMMUNICABLE DISEASE**

Is/was patient symptomatic for this disease? ☐ Y ☐ N ☐ U

If yes, symptom onset date (mm/dd/yyyy): / /

CHECK ALL THAT APPLY:

Fever ☐ Y ☐ N ☐ U

- ☐ Yes, subjective ☐ No
☐ Yes, measured ☐ Unknown

Highest measured temperature _____

Fever onset date (mm/dd/yyyy): / /

Drowsy ☐ Y ☐ N ☐ U

Sweats (diaphoresis) ☐ Y ☐ N ☐ U

Thirst ☐ Y ☐ N ☐ U

Extreme thirst ☐ Y ☐ N ☐ U

Dehydration ☐ Y ☐ N ☐ U

Signs of dehydration (choose all that apply):

- ☐ Decreased skin turgor
☐ Dry mucous membranes
☐ Non-palpable pulse
☐ Sunken eyes
☐ Decreased urine output

Light-headedness (pre-syncope) ☐ Y ☐ N ☐ U

Altered mental status ☐ Y ☐ N ☐ U

Patient displayed (select all that apply):

- ☐ Delirium ☐ Coma ☐ Illusions
☐ Disorientation ☐ Hallucinations

Memory loss ☐ Y ☐ N ☐ U

Memory loss was: ☐ Short term ☐ Long term

Periods of drowsiness followed

by hyperactivity ☐ Y ☐ N ☐ U

Incoherent speech ☐ Y ☐ N ☐ U

Headache ☐ Y ☐ N ☐ U

Seizures/convulsions ☐ Y ☐ N ☐ U

Please specify

- ☐ New onset
☐ Exacerbation of underlying seizure disorder
☐ Other _____
☐ Unknown

Ataxia ☐ Y ☐ N ☐ U

Mouth tingling/burning ☐ Y ☐ N ☐ U

Numbness of lips or tongue ☐ Y ☐ N ☐ U

Facial flushing ☐ Y ☐ N ☐ U

Pain or paresthesia of the face and/or

lower extremities ☐ Y ☐ N ☐ U

Hot/cold temperature sensory

reversals ☐ Y ☐ N ☐ U

Acute onset of peripheral neuropathy ☐ Y ☐ N ☐ U

Muscle paralysis ☐ Y ☐ N ☐ U

Skin rash ☐ Y ☐ N ☐ U

Skin itching (pruritis) ☐ Y ☐ N ☐ U

Aching teeth ☐ Y ☐ N ☐ U

Shortness of breath/difficulty breathing/

respiratory distress ☐ Y ☐ N ☐ U

Respiratory arrest ☐ Y ☐ N ☐ U

Palpitations ☐ Y ☐ N ☐ U

Cardiac arrhythmias or cardiac arrest ☐ Y ☐ N ☐ U

Hypotension ☐ Y ☐ N ☐ U

Lowest recorded blood pressure _____

Nausea ☐ Y ☐ N ☐ U

Vomiting ☐ Y ☐ N ☐ U

Abdominal pain or cramps ☐ Y ☐ N ☐ U

Diarrhea ☐ Y ☐ N ☐ U

Describe (select all that apply)

- ☐ Bloody
☐ Non-bloody
☐ Watery
☐ Other _____

Maximum number of stools in a 24-hour period: _____

During the 12 hours prior to onset of symptoms did the patient eat any raw or undercooked seafood or shellfish (i.e., raw oysters, sushi, etc.)? ☐ Y ☐ N ☐ U

Specify type of seafood/shellfish _____

Specify place of exposure _____

During the 12 hours prior to onset of symptoms, did the patient:

Handle/eat shellfish (i.e. clams, crab, lobster, mussels, oysters, shrimp, crawfish, other shellfish)? ☐ Y ☐ N ☐ U

Handle/eat finfish (i.e. Tuna, Mackerel, Skip Jack, Amber Jack, Bonito, mahi-mahi / dorado, Blue fish, Salmon, Puffer fish, Porcupine fish, Ocean sunfish, sushi)? ☐ Y ☐ N ☐ U

Specify type of finfish:

- ☐ Tuna ☐ Puffer fish
☐ Mackerel ☐ Parrot fish
☐ Skip Jack or Amberjack ☐ Porcupine fish
☐ Bonito ☐ Ocean sunfish (Mola mola)
☐ Mahi-mahi ☐ Bluefish
☐ (dorado/"blue dolphin") ☐ Salmon
☐ Sushi, unknown type of fish
☐ Other: specify _____
☐ Unknown

REASON FOR TESTING

Why was the patient tested for this condition?

- ☐ Symptomatic of disease
☐ Screening of asymptomatic person with reported risk factor(s)
☐ Exposed to organism causing this disease (asymptomatic)
☐ Household contact to a person reported with this disease
☐ Other, specify: _____
☐ Unknown

Patient's Last Name	First	Middle	Suffix	Maiden/Other	Alias	Birthdate (mm/dd/yyyy) / /
						SSN / /

HOSPITALIZATION INFORMATION

Was patient hospitalized for this illness >24 hours? ☐ Y ☐ N ☐ U

Hospital name: _____

City, State: _____

Hospital contact name: _____

Telephone: (____) ____ - _____

Admit date (mm/dd/yyyy): ____/____/____

Discharge date (mm/dd/yyyy): ____/____/____

ISOLATION/QUARANTINE/CONTROL MEASURES

Did local health director or designee implement additional control measures? ☐ Y ☐ N ☐ U

If yes, specify: _____

CLINICAL OUTCOMES

Discharge/Final diagnosis: _____

Survived? ☐ Y ☐ N ☐ U

Died? ☐ Y ☐ N ☐ U

Died from this illness? ☐ Y ☐ N ☐ U

Date of death (mm/dd/yyyy): ____/____/____

TRAVEL/IMMIGRATION

The patient is:

☐ Resident of North Carolina

☐ Resident of another state or US territory

☐ None of the above

Did patient have a travel history during the 12 hours prior to onset of symptoms? ☐ Y ☐ N ☐ U

Travel dates: From: _____ until _____

To city: _____

To country: _____

Does patient know anyone else with similar symptom(s) who had the same or similar travel history? ☐ Y ☐ N ☐ U

Name: _____

Additional travel/residency information: _____

CHILD CARE/SCHOOL/COLLEGE

Patient in child care? ☐ Y ☐ N ☐ U

Patient a child care worker or volunteer in child care? ☐ Y ☐ N ☐ U

Patient a parent or primary caregiver of a child in child care? ☐ Y ☐ N ☐ U

Is patient a student? ☐ Y ☐ N ☐ U

Type of school: _____

Is patient a school WORKER / VOLUNTEER in NC school setting? ☐ Y ☐ N ☐ U

Give details: _____

BEHAVIORAL RISK & CONGREGATE LIVING

During the 12 hours prior to onset of symptoms did the patient live in any congregate living facilities (correctional facility, barracks, shelter, commune, boarding school, camp, dormitory/sorority/fraternity)? ☐ Y ☐ N ☐ U

Name of facility: _____

Dates of contact: _____

During the 12 hours prior to onset of symptoms, did the patient attend social gatherings or crowded settings? ☐ Y ☐ N ☐ U

If yes, specify: _____

In what setting was the patient most likely exposed?

<input type="checkbox"/> Restaurant	<input type="checkbox"/> Place of Worship
<input type="checkbox"/> Home	<input type="checkbox"/> Outdoors, including woods or wilderness
<input type="checkbox"/> Work	<input type="checkbox"/> Athletics
<input type="checkbox"/> Child Care	<input type="checkbox"/> Farm
<input type="checkbox"/> School	<input type="checkbox"/> Pool or spa
<input type="checkbox"/> University/College	<input type="checkbox"/> Pond, lake, river or other body of water
<input type="checkbox"/> Camp	<input type="checkbox"/> Hotel / motel
<input type="checkbox"/> Doctor's office/ Outpatient clinic	<input type="checkbox"/> Social gathering, other than listed above
<input type="checkbox"/> Hospital In-patient	<input type="checkbox"/> Travel conveyance (airplane, ship, etc.)
<input type="checkbox"/> Hospital Emergency Department	<input type="checkbox"/> International
<input type="checkbox"/> Laboratory	<input type="checkbox"/> Community
<input type="checkbox"/> Long-term care facility / Rest Home	<input type="checkbox"/> Other (specify) _____
<input type="checkbox"/> Military	<input type="checkbox"/> Unknown
<input type="checkbox"/> Prison/Jail/Detention Center	

FOOD RISK AND EXPOSURE

Where does the patient/patient's family typically buy groceries?

Store name: _____

Store city: _____

Shopping center name/address: _____

During the 12 hours prior to onset of symptoms, did the patient:

Eat any food items that came from a produce stand, flea market, or farmer's market? ☐ Y ☐ N ☐ U

Specify source: _____

Eat any food items that came from a store or vendor where they do not typically shop for groceries? ☐ Y ☐ N ☐ U

Specify source(s): _____

Handle/eat other seafood (i.e. octopus, squid) or frogs? ☐ Y ☐ N ☐ U

Specify other seafood:

☐ Squid ☐ Octopus ☐ Frog

☐ Other, specify: _____

Eat at a group meal? ☐ Y ☐ N ☐ U

Specify:

☐ Place of Worship

☐ School:

☐ Social function

☐ Other, Specify: _____

Eat food from a restaurant? ☐ Y ☐ N ☐ U

Name: _____

Location: _____

OTHER EXPOSURE INFORMATION

Does the patient know anyone else with similar symptoms? ☐ Y ☐ N ☐ U

If yes, specify: _____

CASE INTERVIEWS/INVESTIGATIONS

Was the patient interviewed? ☐ Y ☐ N ☐ U

Date of interview (mm/dd/yyyy): ____/____/____

Were interviews conducted with others? ☐ Y ☐ N ☐ U

Who was interviewed? _____

Were health care providers consulted? ☐ Y ☐ N ☐ U

Who was consulted? _____

Medical records reviewed (including telephone review with provider/office staff)? ☐ Y ☐ N ☐ U

Specify reason if medical records were not reviewed: _____

Notes on medical record verification: _____

GEOGRAPHICAL SITE OF EXPOSURE

In what geographic location was the patient MOST LIKELY exposed?

Specify location:

☐ In NC

City: _____

County: _____

☐ Outside NC, but within US

City: _____

State: _____

County: _____

☐ Outside US

City: _____

Country: _____

☐ Unknown

Is the patient part of an outbreak of this disease? ☐ Y ☐ N

Notes regarding setting of exposure: _____

Foodborne poisoning: scombroid fish poisoning

2007 Case Definition (North Carolina)

Clinical description

Scombroid fish poisoning is an allergic reaction to scombroid histamines found in fish that experienced bacterial decay after being harvested. Symptoms of the reaction include headache, nausea, vomiting, abdominal pain, flushing or itching of the skin, and a peppery taste sensation in the mouth. Symptoms typically develop within minutes to hours after exposure. Fish that have typically been implicated include tuna, mackerel, skipjack, bonito, mahi mahi, and blue fish. Symptoms resolve spontaneously within 12 hours of onset without treatment and without any long-term adverse sequelae.

Laboratory criteria for diagnosis

- Histamine detection in an epidemiologically implicated fish

Case classification

Probable: a clinically compatible case with consumption of fish such as those listed above within three hours of onset of symptom.

Confirmed: a clinically compatible case with histamine detection in an epidemiologically implicated fish case that is epidemiologically linked to a confirmed case